U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

[READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
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VS DRUM		<u> </u>				***************************************		
1. File Number U -		2. Fiscal	Year Covered From:					
	,			2004 Through	: [12] / [31]	2004		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.						
Name Samuel	Malone	Name	Name Iron Workers Local 405					
		Labor	Organization File Nu	mber 026-33	3			
P.O. Box, Bldg., Room No., if any		P.O. B	P.O. Box, Building and Room Number, if any					
Street 2433 Reed Street		Street	Street 2433 Reed Street					
City Philadelphia	hia City Philadelphia		VPI VPI VPI VIII VPI VIII VPI VIII VVIII VVIII VPI VP					
State Pennsylvania	ZIP Code + 4 19146	State	Pennsylvania	ور و در	ZIP Code + 4	19146		
5. Position in labor organization.	resident	21222000000000000000000000000000000000	esservementermenteres et anne e	tanija yanati magagaya magagaya yangaya yangamaya yangamaya y	W	APP IN THE STATE OF THE STATE O		
E		y (***********************************		**************************************				
Enter appropriate data below if,	during the past fiscal year, you or your s (except as specified in the ex				of the following in	nterests		
A. Held an interest in, engaged in								
monetary value from an employ	n transactions (including loans) with, er whose employees your organiz	or derived in ation repres	come or other ecor	nomic benefit of seeking to repre	esent.			
6. Name and address of Employer (in	er whose employees your organiz	ation repres	come or other ecor sents or is actively ure of Interest, Transa	seeking to repre	esent.			
	er whose employees your organiz	ation repres	sents or is actively	seeking to repre	esent.			
6. Name and address of Employer (in	er whose employees your organiz	ation repres	sents or is actively	seeking to repre	esent.			
6. Name and address of Employer (in	er whose employees your organiz	ation repres	sents or is actively	seeking to repre	esent.			
6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	er whose employees your organiz	ation repres	sents or is actively ure of Interest, Transa	seeking to repre	esent.			
6. Name and address of Employer (in Name Trade Name, if any:	er whose employees your organiz	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.			
6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	er whose employees your organiz	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.			
6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er whose employees your organiz	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.			
6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	rer whose employees your organization including trade name, if any). ZIP Code + 4	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.			
6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. T submitted in this report (including the state)	rer whose employees your organization including trade name, if any). ZIP Code + 4	7.a. Nati	d other applicable peents), has been example.	seeking to repre- action, or income. In a seeking to repre- action, or income. In a seeking to repre- action, or income.	esent.	formation e best of the		
6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. T submitted in this report (including the state)	ZIP Code + 4 Si The undersigned declares, under penalty the information contained in any accompaler, true, correct, and complete. (See the	7.a. Nati	d other applicable peents), has been example.	nalties of the law, ined by the signalons.)	that all of the infatory and is, to the	e best of the		

Name of Person Filing Samuel Malone	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Iron Workers Local 405	5-2
Trade Name, if any: Apprentice Fund	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 2433 Reed Street	,
City Philadelphia	
State Pennsylvania ZIP Code + 4 19146	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee of Iron Workers Local 405 Apprentice Fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Value of expenses related to Attendance of Apprentice Competition as Judge in San Francisco, CA 9/10/04 to 9/16/04.
	12.b. Amount. \$2,241
	12.b. Amount. \$2,241
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	The state of the s
City	The second secon
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Samuel Malone File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including	ng trade name, if a	y). 9. Business deals with:	, , , , , , , , , , , , , , , , , , ,				
Name Iron Workers Local 405		N a Labor Organization					
Trade Name, if any: Annuity Fund		a. Labor Organization					
P.O. Box, Bldg., Room No., if any		b. Trust	b. Trust c. Employer				
Street 2433 Reed Street		c. Employer					
City Philadelphia							
State Pennsylvania	ZIP Code + 4 19	46					
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.					
Name		Trustee of Local Union Annuity Fund.	- Notice and the state of the s				
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any			·				
Street							
City							
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.					
		12.a. Nature of interest held or income received.					
		Value of meals related to attendance Trustee meetings.	at Board of				
		12.b. Amount.	\$138				